

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047944

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 228Primary Registration District No. 3054Registrar's No. 161

FILED DEC 19 1962

1. PLACE OF DEATH

a. COUNTY

Pike

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Louisiana

Length of stay in 1b

1 Day

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Pike County Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Pike

c. CITY
OR
TOWN

Bowling Green

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

R.F.D. 3

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

BERNARD GEORGE KORTE

4. DATE
OF
DEATH

Month

Day

Year

Dec. 13, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-22-07

9. AGE (last birthday)

55

IF UNDER 1 YEAR

IF UNDER 24 HR.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

Construction

11. BIRTHPLACE (City and state or country)

Florissant, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Bernard H. Korte

13b. MOTHER'S MAIDEN NAME

Mary Bippen

14. NAME OF HUSBAND OR WIFE

Frances Korte

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

17. INFORMANT

Address

Frances Korte, Bowling Green, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARDIAC TAMPONADE

INTERVAL BETWEEN ONSET AND DEATH

5 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Dissecting Aneurysm of Thoracic Aorta

4 hrs.

DUE TO (c)

Rupture of Aortic Arteriosclerotic Plaque

4 hrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12/13/62 to 12/13/62 and last saw him alive on 12/13/62Death occurred at 1 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John R. Dripps, M.D.

22b. ADDRESS

Bowling Green Mo

22c. DATE SIGNED

12/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12-17-62

23c. NAME OF CEMETERY OR CREMATORY

St. Clement Cemetery

23d. LOCATION (City, town, or county)

Bowling Green, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Harold Kirks, Bowling Green, Mo.

25. DATE RECD. BY LOCAL REG.

12-17-62

26. REGISTRAR'S SIGNATURE

Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 0822

2 0820

3 1

4 0

5 1

6

7 0

8 1

9 451X

10

11

12 1-2

13 2-0

JAN 4 1963
JAN 16 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harold Kirk

Licensed Embalmer No. 4597

P. O. Address Bowling Green, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.